



## TUBERCULOSIS PROFILE



<b>Country Population</b>	<b>26,981,000</b>
<b>Est. number of new TB cases</b>	<b>32,778</b>
<b>Est. TB incidence (all cases per 100,000 pop)</b>	<b>121</b>
<b>DOTS population coverage (%)</b>	<b>100</b>
<b>Rate of new SS+ cases (per 100,000 pop)</b>	<b>55</b>
<b>DOTS case detection rate (new SS+) (%)</b>	<b>48</b>
<b>DOTS treatment success rate, 2005 (new SS+) (%)</b>	<b>81</b>
<b>Est. new adult TB cases (HIV) + (%)</b>	<b>0.6</b>
<b>New multidrug-resistant TB cases (%)</b>	<b>14.8</b>
WHO Global TB Report 2008 and WHO Anti-Tuberculosis Drug Resistance in the World Report, 2008	

According to the World Health Organization's (WHO's) *Global Tuberculosis Control Report 2008*, Uzbekistan had almost 33,000 new tuberculosis (TB) cases in 2006, with an estimated incidence rate of 121 cases per 100,000 population, the sixth highest in the WHO European Region. The National TB Control Program (NTCP) began the DOTS (internationally recommended strategy for TB control) strategy in 1998 and has made progress in expanding it throughout the country. Between 2002 and 2005, DOTS services increased from 41 percent to 100 percent. The DOTS treatment success rate remains strong, close to the WHO target of 85 percent, but DOTS case detection rate remains low at only 48 percent, well below the WHO target of 70 percent.

While TB-HIV/AIDS co-infection remains very limited, Uzbekistan is facing a serious challenge to TB control and management from multidrug-resistant (MDR-TB). It is estimated that Uzbekistan has nearly 5,000 cases, or 14.8 percent of new cases, and 60 percent of previously treated cases with MDR-TB. These high numbers may even underestimate the actual level. As in other countries in the Central Asian region, Uzbekistan has a high number of "chronic" TB patients who have repeatedly relapsed while on treatment. This presents a public health threat, as chronic patients can become a source of MDR-TB transmission to the greater population. Another challenge to MDR-TB management is the limited infection control procedures at health facilities and limited diagnostic capacity at laboratories. As improved drug sensitivity testing and access to second-line drugs increase, the detection rate and treatment of MDR-TB will likely improve.

The Government of Uzbekistan (GOU) is committed to TB prevention and control. In 2001, the GOU issued a law that provides for a systematic approach to TB interventions, including the provision of free treatment to all citizens and resident foreigners. It also established the National DOTS Center under the Ministry of Health (MOH) to oversee the implementation of the Stop TB Strategy. In 2003, the government put forth a *Strategic Program to Reduce Morbidity and Prophylaxis of Tuberculosis in 2004–2008*, which called for the expansion and improvement of DOTS.

### USAID Approach and Key Activities

USAID's TB program goal for Uzbekistan is to improve the capacity of the NTCP to implement quality DOTS and manage MDR-TB, as well as directly increase access to quality TB diagnosis and treatment, with special focus on vulnerable groups (the poor, prisoners, migrants, and people with HIV/AIDS). USAID's main partner is Project HOPE and its consortium of partners. In fiscal year 2008, USAID received \$1.6 million in TB funding. USAID support includes the following activities:

- Increasing the quality of the DOTS strategy in the TB care network and the primary health care (PHC) system
- Strengthening the laboratory network and creating rational drug management systems
- Building national capacity to manage MDR-TB cases and developing and enhancing infection control measures in civil and prison systems to prevent both TB and MDR-TB transmission
- Strengthening the NTCP's capacity to conduct monitoring and evaluation, including training on case recording and reporting systems and the use of data to improve program performance
- Integrating TB and HIV treatment by creating a routine referral system, a unified TB-HIV/AIDS case data collection system, and a program coordinating mechanism

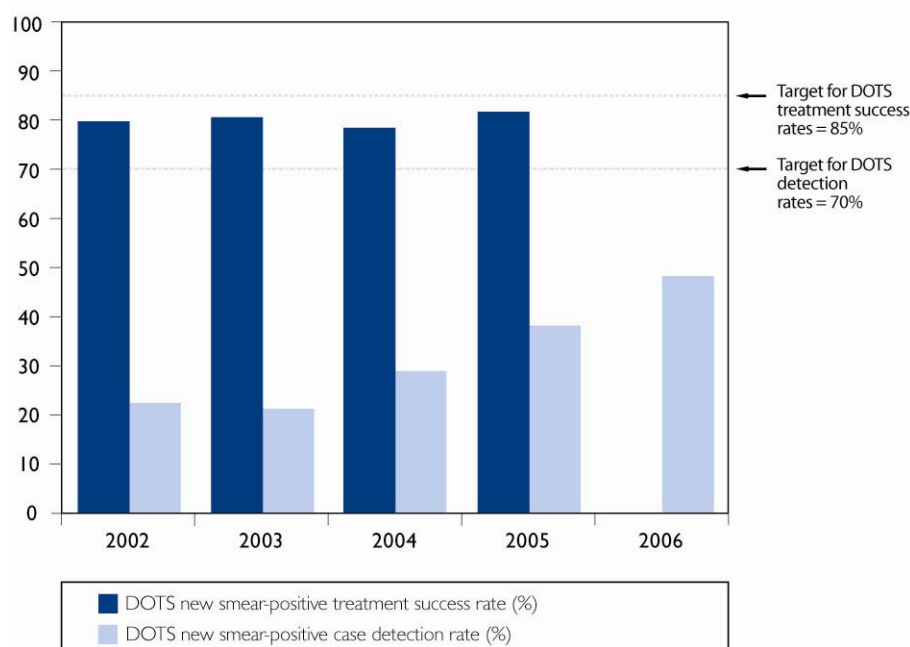
- Integrating TB and HIV treatment by creating a routine referral system, a unified TB-HIV/AIDS case data collection system, and a program coordinating mechanism
- Providing technical assistance to a group of experts that direct ad hoc meetings by organizing thematic working group discussions on MDR-TB, TB-HIV/AIDS, drug management, information education and communication (IEC), and monitoring
- Conducting operational research in close collaboration with the NTCP and MOH

### USAID Program Achievements

USAID's assistance has contributed to improvement in human resources, infrastructure, and management capacity through the following activities:

- Provided basic DOTS trainings for 695 TB specialists, 1,657 PHC doctors and 1,114 nurses, and seven other staff cadres since 2001
- Trained 110 lab technicians in microscopy and 280 *oblast* and city-level staff in monitoring and supervision to increase sustainability of human resource capacity of NTCP staff
- Provided training to TB staff on the TB Electronic Surveillance And Case Management Software system developed and introduced by the U.S. CDC and trained staff to conduct epidemiological analyses
- Provided technical assistance for two successful applications to the Green Light Committee to provide second-line treatment for more than 1,100 patients
- Supported the implementation of a logistics management information system to improve drug management practices
- Revised pre-service education curricula for doctors and nurses to include DOTS; revised curricula already being used, though awaiting official endorsement
- Conducted trainings on interpersonal communication skills among nurses and developed information materials that include video material, pamphlets, and posters
- Developed a communication strategy and organized media campaigns in order to increase the awareness of TB among the population and improve compliance with TB treatment
- Conducted operational studies to better understand the causes of TB patient default and to assess provider prescribing practices for TB patients

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2006 will be reported in the 2009 global report.  
 Source: Global tuberculosis control: Surveillance, planning, financing: WHO report 2008.

## **Partnerships**

USAID is one of the main donors and provides technical assistance in almost areas of TB control through Project HOPE. Project HOPE is the lead member of a consortium that includes John Snow, Inc, Johns Hopkins University's Center for Communication Programs, and the New Jersey Medical School's Global Tuberculosis Institute. The German Development Bank is supporting strengthening the laboratory network and limited procurement of second-line drugs. Doctors Without Borders and WHO also provide technical assistance. Uzbekistan received \$13.3 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 4 in 2005 and \$13.9 million in Round 8 in 2009.

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